Table of Contents IAB CASE NO. SH2263754

OFFICER INVOLVED SHOOTING FORM AND INVESTIGATIVE SUMMARY

WITNESS INTERVIEWS

Witness Witness Witness Deputy Leonardo Garcia Deputy Troy Krautkramer Patient Arnie Gonzales

EXHIBITS

- A Homicide Book.
- B DVD containing Crime Scene Photos and printout of the photos.
- Range qualification scores for Deputy Krautkramer. C
- D Delinquency Report/Remedial shooting report for East Los Angeles Station from 01/01/10 through 04/30/10.
- E An interior sketch of the location depicting where Deputy Garcia indicted they were positioned at the time of the shooting.
- F A printout of the MDT Administrate messages between East Los Angeles Units 21 and 21A on 3/24/ 10 between 0004 and 0012 hours.
- G An aerial photo of the location depicting where Deputy Krautkramer parked his radio car (roof top 208).
- An interior sketch of the location depicting where Deputy Krautkramer indicted they were positioned at the time of the shooting.

MISCELLANEOUS DOCUMENTS

- Signed rights admonition forms for Deputies Krautkramer and Garcia

Los Angeles County Sheriff's Department Officer Involved Shooting

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Report Date:	06/22/1	0	Bureau/Station/Facili	ity:	FOR I / East Lo	s Ange	les Station	Admin. In	rest.?		Hit?
					icident Informat	ion		1.46 ye.			
URN:	910-03	304-02	72-057		Date:	03/24	V10	T	ime:	001	4 Hours
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Location Type (circle one or more)):	-	circle only one):		Incident Type (circle Accidental	one or mo	ze):		d by (circ		опе):
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Parking Lot		Clear			Startle			IWO	Person L	ארוונ	
Residence	1	Cloudy			Struggle Involved			Prior A	lotivity (a	trole on	ly one):
Rural		Fog			Traffic Stop				ective		,,
School		Rain			Unammed Person			Inma	ate Trans	port	
Street					Unintentional			Othe	91	_	
Other:		Distance			Vehicle Pursuit			Rou	tine Patr		
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				Ε	mployee Witnes	ses				100	
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Last Name						First	Name				M.I.
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SH#	2263754

Officer Involved Shooting

910-03304-0272-057 URN:

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<u> </u>					Rollout Informatio	n.			
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Employ	yee #	Last Name	Allen			First Name/Victor		6.5.1	M.
Employ	yee #	Last Name	Adler			First NamKelly		M.I	L.
Employ	yee #	Last Name	Ault			First NamAlicia		M.I	E,
				Shoot	ing / Force Infor	mation			
Meth	od					Type of Injury	Body Pa	art In	jureo
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metr	oa					Typ	e of Injur	ν		Body	/ Par	t injured
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(BR) (BV) (CO) (CO) (DA) (HA) (HK) (HK)	Beretta Browning Charter Arms Coit Davis Industries Glock Harrington & Richardson HI Standard H & K Ithica	(LO) (LU) (MA) (MO) (NA) (NA) (RA) (RM) (RG)	Lordin Luger Mariin Mossberg MCI aka SKS North America Northco Raven Remington	(SW) (SF) (ST) (TA) (WE) (WN) (US) (YY) (XX) (ZZ)	Smith & Wesson Sturm Ruger Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inmate) Other Brand	(12) (20) (21) (22)	9 mm 10 mm 12 guage 20 guage 22-2-50 22 caliber 223 caliber	(24) (25) (30) (35) (36) (38) (40)	.243 ca .25 calil .308 ca .357 ca 30-60 c .38 calil .40 calil	ber liber liber allber ber	(41) (44) (45) (50) (SL) (WW)	.410 guage .44 caliber .45 caliber 50 mm Stug Other calibe

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Pari (Code)
S#1	E#1	UC					NN	
S#1	E#1	00					NN	
E#1	S#1	FH	BR	9	Y	Y	GS	AD

					_			

Officer Involved Shooting Involved Employee Information

URN: 910-03304-0272-057

Page <u>3</u> of <u>4</u>

		Involved Employe	ee	
Employee #	Last Name Krautkran		First Name Troy	M.I.
Sex: Race: V				
ShiftTime (circle only one EM PM Day		Off Duty Intoxication/Drug Usage? [Substance Used:	
Hospital Admission?	Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
Hrs of sleep prior to show 6-7 Age: Height		Clothing (circle only one): Plain Clothes so Vest Plain Clothes w/ Vest Uniform w/ Vest Raid Jacket no Vest Uniform w/ Ve	est	7
Range Qualification Date		PPC Qualification Date:	Laser Training Date:	
Certified with Weapon L	Jsed? Patrol Certifica	lion?	Prior Shootings?	of Prior Ehootings:
Field Training Officer En	p # Last Name		First Name	M.1.
Field Training Officer Em	tp# Last Name		First Name	84.1.
Employee #	Last Name		First Name	M.I.
Sex: Race:	Rank	Unit Assignment:	Work Assignment (Unit #, Module	, etc.):
ShiftTime (circle only ene): Off Duty Intoxication/Drug Usage?	Substance Used:	
Hospital Admission?	Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
Hrs of sleep prior to shoot Age: Height		Clothing (circle only one): Plain Clothes no Vest Plain Clothes w/ Vest Raid Jacket no Vest Uniform no Ve	pest,	
Range Qualification Date).	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon t	sed? Patroi Certifica	tion? Certification Unit:	Prior Shootings? Number	of Prior Shootings:
Field Training Officer En	p# Last Name	<u>' </u>	First Name	₩,I.
Field Training Officer En	p# Last Name		First Name	M.L.
Employee #	Last Name		First Name	₩.I.
Sex: Race:	Rank	Unit Assignment:	Work Assignment (Unit #, Module	, etc.):
ShiftTime (circle only and		Off Duty Intoxication/Drug Usage?	Substance Used:	
Hospital Admission?	Hospital Name:	Coroner Case?	Coroner Case #	Interviewed?
Hrs of sleep prior to sho	oting: Duty Time (hrs):	Clothing (circle only one): Plain Clothes no Vest Raid Jacket w	Other Factors:	
Age: Heigh	t: Weight:	Plain Clothes w/ Vest Uniform no Ve Staid Jacobs no Vest Uniform w/ Ve		
Range Qualification Date	3.	PPC Qualification Date:	Laser Training Date:	
Certified with Weapon I	Jsed? Patrol Certifica	dion? Certification Unit:	Prior Shootings? Number	of Prior Shootings:
Field Training Officer En	np# Last Name		First Name	Mt.I.
Field Training Officer En	np# Last Name		First Name	M,I,

Officer Involved Shooting Suspect Information

URN: 910-03304-0272-057

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S 1	Last Name Gonzales			First Name Arnie		M.I. G.
	AKA Last Name			First Name	·	M.l.
	Sex: M Race: H	Street Addres		City		Oliver A Zip Code:
	Work Phone:	Home Phone:	Social Sec	urity #	Driver's Licen	
	Age: 31 D.O.B.	Height: 510 Weight: 180	FBI#		CII#	
	Booking #	Primary Charge:		Secondary Charge:		
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used: Alco	, , , , , , , , , , , , , , , , , , ,
	Armed?	Apprehended?		Mental Illness?	Criminal History?	onoi
	Vehicle Make			Model:	Year:	
	Last Name			First Name		M.I,
8	AKA Last Name			First Name		M.I.
						State & Zip Code:
	Sex: Race:	Street Address: Home Phone:	Social Sec	City	Data da Lianga di	diale a Lip Colle.
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